

☐ CORRECTED (if checked)

TRUSTEE'S name, street address, city, state, and ZIP code		1 Employee or self-employed person's Archer MSA contributions made in 2010 and 2011 for 2010 \$	OMB No. 1545-1518 2010 Form 5498-SA	HSA, Archer MSA, or Medicare Advantage MSA Information
		2 Total contributions made in 2010 \$		
TRUSTEE'S federal identification number	PARTICIPANT'S social security number	3 Total HSA or Archer MSA contributions made in 2011 for 2010 \$		
PARTICIPANT'S name Street address (including apt. no.) City, state, and ZIP code	4 Rollover contributions \$		5 Fair market value of HSA, Archer MSA, or MA MSA \$	
	6 HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>			
Account number (see instructions)				

**Copy B
For
Participant**

The information in boxes 1 through 6 is being furnished to the Internal Revenue Service.

Form **5498-SA**

(keep for your records)

Department of the Treasury - Internal Revenue Service